



Nebraska State Historical Society

Archeological Site Survey Form

1. Site Number: _____ 2. Site Name: _____
 3. Project: _____ 4. Survey Agency/Co.: _____
 5. Field Number: _____ 6. Sponsor/Contract Agency: _____
 7. County: _____ 8. Drainage (NSHS only): _____
 9. U.S.G.S. Quad. Map: _____ NAD: _____ 1927 _____ 1983
 10. _____ New Site _____ Previously Known Site (form is an update)

11. Legal Description:

<u>QUARTER/HALF SECTIONS</u>	<u>SECTION</u>	<u>TOWNSHIP</u>	<u>RANGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ See Comments/Continuation Sheet

12. Site Size (m²): _____ 13. Elevation (ft): Min. _____ Max. _____

14. Descriptive Site Type:

- _____ Surface
 _____ Buried Features/Cultural Layer(s)
 _____ Cave/Rock shelter
 _____ Unknown
 _____ Other _____

15. Functional Site Type:

- _____ Burial(s)
 _____ Ceremonial/Religious
 _____ Extraction/Processing
 _____ Habitation
 _____ Unknown
 _____ Other _____

16. Cultural Context:

- | | |
|--------------------------------------|--|
| _____ Paleoindian | _____ Equestrian Nomads |
| _____ Archaic | _____ Reservation Native American |
| _____ Woodland | _____ Non-Specific Ceramic |
| _____ Central Plains | _____ Non-specific Late Prehist./Protohistoric |
| _____ Coalescent | _____ Unknown Prehistoric |
| _____ Oneota | _____ Euro-American |
| _____ Western Nebraska Protohistoric | _____ Other Ethnic Historic |
| _____ Caddoan Villagers | _____ Unknown Historic |
| _____ Sedentary Siouan Villagers | _____ Unknown |

17. Specific Cultural Affiliation
(phase, context, etc.)

18. Features:

<u>TYPE</u>	<u>NO.</u>	<u>TYPE</u>	<u>NO.</u>
_____ Mounds	_____	_____ Rock Outline/Concentrations	_____
_____ Depressions	_____	_____ Historic Standing/Collapsed Buildings, Structures or Objects	_____
_____ Stains	_____	_____ Historic Foundations	_____
_____ Petroglyphs	_____	_____ Middens/Trash Deposits	_____
_____ Petrographs	_____	_____ Other (_____)	_____

19. Artifactual Material:

OBSERVED/NOT COLLECTED	COLLECTED	
_____	_____	Chipped Stone Tools
_____	_____	Chipped Stone Debris
_____	_____	Ground Stone
_____	_____	Natural Stone Tools
_____	_____	Fire-cracked Rock
_____	_____	Other Lithic Debris
_____	_____	Rim Sherds
_____	_____	Body Sherds
_____	_____	Worked Bone
_____	_____	Worked Shell
_____	_____	Historic Artifacts
_____	_____	Faunal Remains
_____	_____	Floral Remains
_____	_____	Human Bone
_____	_____	Burned Earth
_____	_____	Daub
_____	_____	Isolated Item _____
_____	_____	Other _____

20. Site Work Status (check all work done):

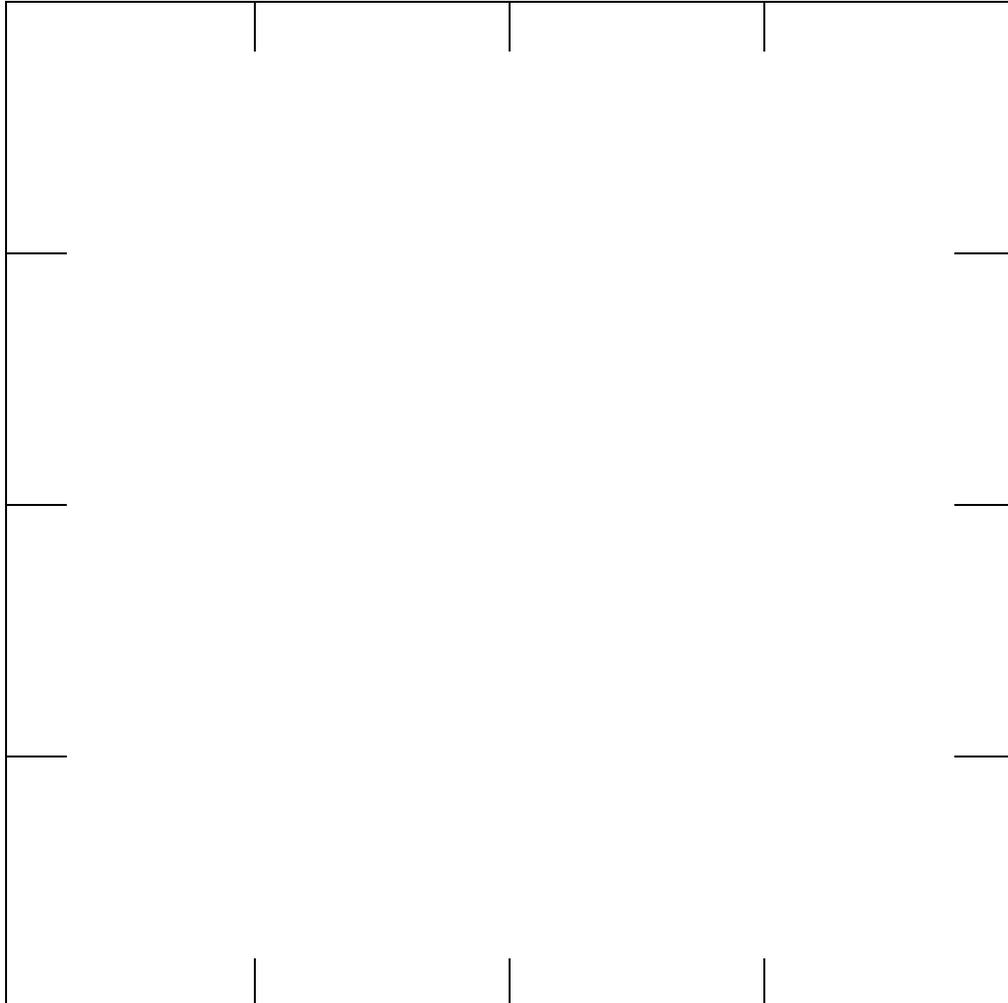
_____ Reported	_____ Soil Cored/Probed
_____ Surveyed	_____ Tested (pits/posthole/backhoe)
_____ Photographed	_____ Remote Sensing _____
_____ Sketch Mapped	_____ Excavated Partially
_____ Instrument Mapped	_____ Excavated Completely
_____ Mapped with GPS	_____ Surface Collected (uncontrolled)
_____ GPS make/ model	_____ Surface Collected (controlled)
Differentially Corrected? ___Y___N	_____ Other

21. ATTACH TO THIS SURVEY A XEROX COPY OF THE U.S.G.S. OR APPROPRIATE MAP SHOWING SITE LOCATION. IF NO APPROPRIATE SCALE MAP IS AVAILABLE, PLEASE PROVIDE A SKETCH MAP.

22. Sketch Map (optional):

Site No. _____ Mapped by _____

Scale _____ Date _____



23. Present Condition:

_____ Undisturbed _____ Disturbed _____ Destroyed

24. Site Impacts:

Fill in the appropriate number(s): 1 = past, 2 = current, 3 = anticipated

_____ Water Erosion	_____ Recreation
_____ Wind Erosion	_____ Construction
_____ Animal Activity	_____ Agriculture
_____ Vandalism	_____ Other _____

25. National Register Status (SHPO only):

_____ On Register
_____ Eligible
_____ Not Eligible

26. Investigators Impression of National Register:

_____ Potentially Eligible
_____ Not Eligible
_____ Unevaluated/Unknown

27. Informant: _____

Address: _____

28. Owner of Site:

_____ Private (Name/Address, if known) _____

_____ State (Agency) _____

_____ Federal (Agency) _____

_____ Other _____

29. Primary Information Location:

<u>NSHS</u>	<u>UNL Museum</u>	<u>UNL Anthro. Dept</u>	<u>Other</u>	
_____	_____	_____	_____	Written Records
_____	_____	_____	_____	Map/Chart Records
_____	_____	_____	_____	Photo Records
_____	_____	_____	_____	Collections

30. Report References:

31. Comments:

See Comments/Continuation Sheet for Additional Comments

32. Survey Conducted By:

33. Form Filled Out By:

(Name)

(Name)

(Date)

(Date)

Send Completed Forms To: Nebraska State Historical Society
Archeology Division
P. O. Box 82554
Lincoln, Nebraska 68501-2554